

5000 5/31/05

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>3/4/05</u>		2 Serial/Patent # <u>10/524038</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/>	Filing Fee Change		\$ 100.00						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND							
		\$ 100.00							
		8 TO BE REFUNDED BY: <u>CC</u>							
		Treasury Check							
		Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
10 REASON:									
<input checked="" type="checkbox"/>	Overpayment								
<input type="checkbox"/>	Duplicate Payment								
<input type="checkbox"/>	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>							
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>							
OFFICE: <u>DO/EO</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: